## City of Taylorsville Community Development Department

Community Development Department 2600 West Taylorsville Boulevard Taylorsville, Utah 84118 Phone: (801) 963-5400 Fax: (801) 955-2052



## LOT LINE ADJUSTMENT APPLICATION

PLEASE COMPLETE BOTH SIDES OF APPLICATION

Applicant Name:		Office Use Only
Mailing Address:		FILING #:
City, State, Zip:		ENERGOV #
Daytime Phone #: Fax #:		ENERGOV #:
E-mail:		FILING FEE:
PLEASE PROVIDE INFORMATION FOR EACH AFFECTED PROPERTY*:		DATE ACCEPTED:
INFORMATION ON PROPERTY 1	Property Address:	AGGERTED DV
	Parcel ID Number: Parcel Area:	ACCEPTED BY:
	Property Owner's Name:	RECEIPT NUMBER:
	Property Owner's Address:	ZONING CLASSIFICATION:
	City, State, Zip:	
	Daytime Phone #: Fax #:	MEETING DATE(S):
NFORMATION ON PROPERTY 2	Property Address:	
	Parcel ID Number: Parcel Area:	
	Property Owner's Name:	Application Approved: ☐ yes ☐ no
	Property Owner's Address:	Conditions: ☐ yes ☐ no
	City, State, Zip:	Community Development Director
INFOF	Daytime Phone #: Fax #:	
* If more than two properties are affected by the boundary adjustment please provide and attach the address, parcel ID, area, property owners name, address, phone number, and fax number for each additional property.  Describe your request in detail (use additional paper if necessary):		
	: Obtaining approval of a lot line adjustment does not eliminate the necessity for obtaining	
permit, excavation permit, etc.). Please contact a member of the Taylorsville Planning Department regarding additional required permits or agency approvals.		
Authorized Signature: Date:		

## **Property 1 Owner's Affidavit** I (we) \_\_\_\_\_, depose and say that I (we) am (are) the current owner(s) of the property involved in this application; that I (we) have read the application and attached plans and other exhibits and are familiar with its contents; and that said contents are in all respects true and correct based upon my personal knowledge. Owner's Signature Owner's Signature (co-owner if applicable) **Property 1 Agent Authorization** , the owner(s) of the real property involved in this application, do hereby appoint as my (our) agent to represent me (us) with regard to this application affecting the above described real property, and authorize said agent to appear on my (our) behalf before any City Board or Commission considering this application. Owner's Signature Owner's Signature (co-owner if applicable) Subscribed and sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_. Notary Public: \_\_\_\_\_ Residing in: \_\_\_ My Commission Expires: **Property 2 Owner's Affidavit** \_\_\_\_\_, depose and say that I (we) am (are) the current owner(s) of the property involved in this application; that I (we) have read the application and attached plans and other exhibits and are familiar with its contents; and that said contents are in all respects true and correct based upon my personal knowledge. Owner's Signature (co-owner if applicable) Owner's Signature **Property 2 Agent Authorization** the owner(s) of the real property involved in this application, do I (we), \_\_\_\_\_ \_\_\_\_\_as my (our) agent to represent me (us) with regard to this hereby appoint application affecting the above described real property, and authorize said agent to appear on my (our) behalf before any City Board or Commission considering this application. Owner's Signature Owner's Signature (co-owner if applicable) Subscribed and sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_. Notary Public: \_\_\_\_\_ Residing in: My Commission Expires: